



RCE 3714  
APC GA  
19

AUG 15 2003

PTO/SB/30 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031  
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**Request  
For  
Continued Examination (RCE)  
Transmittal**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<i>Application Number</i>	09/583,321
<i>Filing Date</i>	May 30, 2000
<i>First Named Inventor</i>	Berg, et al.
<i>Art Unit</i>	3714
<i>Examiner Name</i>	J. Harrison
<i>Attorney Docket No.</i>	29757/SG0047

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
  - i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - ii.  Other \_\_\_\_\_
- b.  Enclosed
  - i.  Amendment/Reply      iii.  Information Disclosure Statement (IDS)
  - ii.  Affidavit(s)/Declaration(s)      iv.  Other \_\_\_\_\_

2. Miscellaneous

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b.  Other \_\_\_\_\_

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. \_\_\_\_\_
  - i.  RCE fee required under 37 CFR 1.17(e)
  - ii.  Extension of time fee (37 CFR 1.136 and 1.17)
  - iii.  Other \_\_\_\_\_
- b.  Check in the amount of \$ 750.00 enclosed TECHNOLOGY CENTER R3700
- c.  Payment by credit card (Form PTO-2038 enclosed)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	William J. Kramer	Registration No. (Attorney/Agent)	46,229
Signature	<i>W.J. Kramer</i>	Date	August 12, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 12, 2003

Signature: *W.J. Kramer* (William J. Kramer)



AUG 15 2003

PTO/SB/17 (05-03)

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 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 750.00

## Complete if Known

Application Number	09/583,321
Filing Date	May 30, 2000
First Named Inventor	Berg, et al.
Examiner Name	J. Harrison
Art Unit	3714
Attorney Docket No.	29757/SG0047

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account

Deposit Account Number 13-2855

Deposit Account Name MARSHALL, GERSTEIN & BORUN LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	410	2252	205 Extension for reply within second month
1253	930	2253	465 Extension for reply within third month
1254	1,450	2254	725 Extension for reply within fourth month
1255	1,970	2255	985 Extension for reply within fifth month
1401	320	2401	160 Notice of Appeal
1402	320	2402	160 Filing a brief in support of an appeal
1403	280	2403	140 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,300	2453	650 Petition to revive - unintentional
1501	1,300	2501	650 Utility issue fee (or reissue)
1502	470	2502	235 Design issue fee
1503	630	2503	315 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	750	2809	375 Filing a submission after final rejection (37 CFR 1.129(a))
1810	750	2810	375 For each additional invention to be examined (37 CFR 1.129(b))
1801	750	2801	375 Request for Continued Examination (RCE) 750.00
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ ) 750.00**

\*\*or number previously paid, if greater; For Reissues, see above

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TECHNOLOGY CENTER 2000

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$ ) 0.00</b>		

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	William J. Kramer	Registration No. (Attorney/Agent)	46,229 Telephone (312) 474-6300
Signature	<i>WJ Kramer</i>	Date	August 12, 2003

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Dated: August 12, 2003

Signature: *WJ Kramer*

(William J. Kramer)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		Minus	**	=	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		Minus	**	=	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR			PRESENT EXTRA
		Minus	**	=	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.